



Please type a plus sign (+) inside this



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Approved for use through 10/31/2002. OMB 0651-0035
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

#6

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	10/080,560
	Filing Date	February 25, 2002
	First Named Inventor	Jack Elias Seltner
	Group Art Unit	2131
	Examiner Name	
	Attorney Docket Number	040092-015400US

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☐ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ Please change the correspondence address for the above-identified application to:

☐ Customer Number 20350

Place Customer
Number Bar Code
Label here

OR

<input type="checkbox"/> Firm or Individual Name	RECEIVED				
Address	APR 15 2003				
Address	Technology Center 2100				
City					
Country		State		ZIP	
Telephone		Fax			

I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Lester W. Schiefelbein, Jr. V.P. and General Counsel Lockheed Martin Space & Strategic Missiles
Signature	<i>Lester W. Schiefelbein, Jr.</i>
Date	3-11-03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of one form is submitted.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S.



Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/080,560	
	Filing Date	February 25, 2002	
	First Named Inventor	Jack Elias Seltner	
	Group Art Unit	2131	
	Examiner Name		
Total Number of Pages in This Submission		Attorney Docket Number	040092-015400PC

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement Under 37 CFR §1.97 and §1.98 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Notification of Missing Requirements Under 35 U.S.C. §371 <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		RECEIVED APR 15 2003 Technology Center 2100
The Commissioner is authorized to charge additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm and Individual name	Townsend and Townsend and Crew LLP Chad S. Hilyard, Reg. No. 40,647
Signature	
Date	4/8/2003

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 4/8/03			
Typed or printed name	Jennifer Dolan		
Signature		Date	4/8/03